Fill in this information to	o identify your case:	
Debtor 1	Alejandro Cruz-Maldonado	
Debtor 2 (Spouse, if filing)		
United States Bankrup	tcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	
	12063	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Form	<u>106l</u>	MM / DD/ YYYY

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	COOK	DISABLED
	Include part-time, seasonal, or self-employed work.	Employer's name	FRIENDLY'S RESTAURANT	RECEIVING SSD
	Occupation may include student or homemaker, if it applies.	Employer's address	OREGON PIKE LANCASTER, PA	
		How long employed the	here? > 10 YEARS	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 2,951.00 0.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 3. 71.18 0.00 Calculate gross Income. Add line 2 + line 3. 3,022.18 0.00

Official Form 106l Schedule I: Your Income page 1

# Case 21-12063-pmm Doc 30 Filed 01/12/22 Entered 01/12/22 09:13:55 Desc Main Document Page 2 of 8

Debt	tor 1	Alejandro Cruz-Maldonado		C	Case number (if know	wn)	21-12	2063		
			-							
					For Debtor 1			Debtor :		
	Cop	by line 4 here	4.	-	\$ 3,022.	18	\$		0.00	_
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	١.	\$ 440.8	85	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5b	١.		00	\$		0.00	
	5c.	Voluntary contributions for retirement plans	5c		\$ 0.0	00	\$		0.00	_
	5d.	Required repayments of retirement fund loans	5d	١.	\$ 0.0	00	\$		0.00	_
	5e.	Insurance	5e	٠.		00	\$		0.00	
	5f.	Domestic support obligations	5f.			00_	\$		0.00	_
	5g.	Union dues	5g			00	\$		0.00	_
	5h.	Other deductions. Specify:	_ 5h	.+	\$0.0	00_	+ \$		0.00	_
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ 440.8		\$		0.00	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ 2,581.3	33_	\$		0.00	_
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a		\$ 0.0	00	\$		0.00	
	8b.	Interest and dividends	8b			00	\$		0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive								_
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c		\$ 0.0	00	\$		0.00	
	8d.	Unemployment compensation	8d			00	\$		0.00	_
	8e.	Social Security	8e	٠.		00	\$		540.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	e 8f.		\$ 0.0	00	•		0.00	_
	8g.	Specify: Pension or retirement income	– 8g			00	\$		0.00	_
	8h.	Other monthly income. Specify: Pro-rate tax refund	8h		\$ 722.9		· · —		0.00	_
	011.	Tio-rate tax returns	_ '''	··-	Ψ	<u> </u>	· —		0.00	_
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	722.9	92	\$		540.0	0
10.	Cald	culate monthly income. Add line 7 + line 9.	10.	\$	3,304.25	- \$	5	40.00	= \$	3,844.25
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		· —		-		70100	-	0,0 1 1120
11.	Inclu othe Do r	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not acify:	depe					chedule 11.		0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certain lies						12.	\$	3,844.25
									Combi	ned ly income
13.	Do	you expect an increase or decrease within the year after you file this form	?						onui	, 11100111 <del>0</del>
		No.								
		Yes. Explain:								

Fill	in this informa	ation to identify yo	our case:					
Deb	otor 1	Alejandro Cru	ız-Maldor	nado			ck if this is: An amended filing	
1	otor 2 ouse, if filing)						A supplement show 13 expenses as of	ving postpetition chapter the following date:
			. [ACT	DAI DICTRICT OF DEAING	\/\ \/	_	·	
Unit	ed States Bank	ruptcy Court for the	EASIE	RN DISTRICT OF PENNS	YLVANIA		MM / DD / YYYY	
	e number 2 nown)	1-12063						
		orm 106J						
		J: Your			- Clin - 4 4 1	- 41	- 11	12/1
info	ormation. If m		eded, atta	If two married people ar ch another sheet to this n.				
Par		ribe Your House	hold					
1.	Is this a join							
	■ No. Go to	o line 2. <b>es Debtor 2 live</b> i	in a separ	ate household?				
		No	•	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	tor 2.	
2.	Do you hav	e dependents?	□ No					
	Do not list D Debtor 2.	-	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state dependents				CHILDREN		11 & 18	□ No ■ Yes
								□ No
								☐ Yes ☐ No
								Yes
								□ No □ Yes
3.	expenses of	penses include of people other to d your depende	han $_{m \Box}$	No Yes			-	Li res
Par		nate Your Ongoi		v Evnansas				
Est	imate your e	xpenses as of you	our bankr	uptcy filing date unless y y is filed. If this is a supp				
the		h assistance an		government assistance i luded it on Schedule I: \			Your exp	enses
(01	ilciai i Oilli i	001.)						
4.		or home owners nd any rent for th		ses for your residence. In r lot.	nclude first mortgage	e 4. \$	·	890.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a. \$	i	0.00
		erty, homeowner's				4b. \$		0.00
		e maintenance, re eowner's associat		ipkeep expenses dominium dues		4c. \$ 4d. \$		195.00 0.00
5.				our residence, such as ho	me equity loans	5. \$		0.00

## Case 21-12063-pmm Doc 30 Filed 01/12/22 Entered 01/12/22 09:13:55 Desc Main Document Page 4 of 8

Deb	otor 1 Alejandro Cruz-Maldon	ado	Case number (if k	(nown) <u>21-12063</u>
6.	Utilities:			
٥.	6a. Electricity, heat, natural ga	as	6a. \$	142.00
	6b. Water, sewer, garbage co		6b. \$	86.00
	6c. Telephone, cell phone, Int	ernet, satellite, and cable services	6c. \$	0.00
	6d. Other. Specify: DISH		6d. \$	142.01
	APPLE CELL PHONES	<u> </u>		132.99
	COMCAST			93.83
7.	Food and housekeeping supp	lies	7. \$	715.00
8.	Childcare and children's educ		8. \$	185.00
9.	Clothing, laundry, and dry clea	aning	9. \$	85.00
10.	Personal care products and se	ervices	10. \$	205.00
11.			11. \$	225.00
12.	Transportation. Include gas, ma	aintenance, bus or train fare.	· —	
	Do not include car payments.		12. \$	245.00
		on, newspapers, magazines, and books	13. \$	0.00
	Charitable contributions and r	eligious donations	14. \$	0.00
15.	Insurance.	adfraga com a constraint de la		
		ed from your pay or included in lines 4 or 20.	150 °	0.00
	15a. Life insurance 15b. Health insurance		15a. \$ 15b. \$	0.00
	15c. Vehicle insurance		15b. \$	0.00
	15d. Other insurance. Specify:		15d. \$	0.00
16		lucted from your pay or included in lines 4 or 20.	15u. \$	0.00_
10.	Specify:	lucted from your pay of included in lines 4 of 20.	16. \$	0.00
17.	· · ·	•		0.00
	17a. Car payments for Vehicle		17a. \$	0.00
	17b. Car payments for Vehicle	2	17b. \$	0.00
	17a Other Specify:		17c. \$	0.00
	17d. Other. Specify:		17d. \$	0.00
18.		intenance, and support that you did not report		0.00
		e 5, Schedule I, Your Income (Official Form 106		0.00
19.		support others who do not live with you.	\$	0.00
20	Specify:	not included in lines 4 or 5 of this form or on S	19.	nomo
20.	20a. Mortgages on other prope		20a. \$	0.00
	20b. Real estate taxes		20b. \$	0.00
	20c. Property, homeowner's, o	r renter's insurance	20c. \$	0.00
	20d. Maintenance, repair, and		20d. \$	0.00
	20e. Homeowner's association	• • •	20e. \$	0.00
21	Other: Specify:		21. +\$	0.00
				0.00
22.	Calculate your monthly expens	ses		
	22a. Add lines 4 through 21.		\$_	3,341.83
	., , , ,	enses for Debtor 2), if any, from Official Form 106J-	'-	
	22c. Add line 22a and 22b. The	result is your monthly expenses.	\$ _	3,341.83
23.	Calculate your monthly net inc	come.		
		ned monthly income) from Schedule I.	23a. \$	3,844.25
	23b. Copy your monthly expens	ses from line 22c above.	23b\$	3,341.83
				·
		enses from your monthly income.	20 - 6	502.42
	The result is your monthly	net income.	23c. \$	502.42
24.	For example, do you expect to finish modification to the terms of your mor  No.	decrease in your expenses within the year after paying for your car loan within the year or do you expect tgage?		
	☐ Yes. Explain here:			

Fill in this inform	Fill in this information to identify your case:						
Debtor 1	Debtor 1 Alejandro Cruz-Maldonado						
Debtor 2 (Spouse, if filing)							
United States B	Sankruptcy Court for the: Ea	stern District of Pennsylvania					
Case number (if known)	21-12063						

Check	Check as directed in lines 17 and 21:							
	According to the calculations required by this Statement:							
<ul> <li>1. Disposable income is not determined u</li> <li>11 U.S.C. § 1325(b)(3).</li> </ul>								
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).							
	3. The commitment period is 3 years.							
	4. The commitment period is 5 years.							

Check if this is an amended filing

## Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
  - □ Not married. Fill out Column A, lines 2-11.
  - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, but the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

				Colum Debte		Column Debtor non-fili	
Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and com	nmissio	ons (before all	\$	3,091.06	\$	0.00
Alimony and maintenance payments. Do not include Column B is filled in.	e paymen	ts from	a spouse if	\$	0.00	\$	0.00
<ul> <li>All amounts from any source which are regularly p of you or your dependents, including child suppor from an unmarried partner, members of your househol and roommates. Do not include payments from a spou you listed on line 3.</li> <li>Net income from operating a business, profession, or farm</li> </ul>	<b>t.</b> Include ld, your de	regular epende ot includ	contributions nts, parents,	\$	0.00	\$	0.00
Gross receipts (before all deductions)	\$	0.00					
Ordinary and necessary operating expenses	<b>-</b> \$	0.00					
Net monthly income from a business, profession, or fa	rm \$	0.00	Copy here ->	\$	0.00	\$	0.00
Net income from rental and other real property	Debtor 1						
Gross receipts (before all deductions)	\$	0.00					
Ordinary and necessary operating expenses	-\$	0.00					
Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$	0.00	\$	0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

## Case 21-12063-pmm Doc 30 Filed 01/12/22 Entered 01/12/22 09:13:55 Desc Main Document Page 6 of 8

	Case numb				
	Column A Debtor 1	1	Column B Debtor 2 non-filing	or	
Interest, dividends, and royalties	\$	0.00	\$	0.00	
Unemployment compensation	\$	0.00	- \$ 	0.00	
Do not enter the amount if you contend that the amount received was a benefit un the Social Security Act. Instead, list it here:	der		_ `		
For you\$0.00					
For your spouse \$ 540.00					
Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any reti pay paid under chapter 61 of title 10, then include that pay only to the extent that i does not exceed the amount of retired pay to which you would otherwise be entitle if retired under any provision of title 10 other than chapter 61 of that title.	red t	0.00	<b>\$</b>	0.00	
D. Income from all other sources not listed above. Specify the source and amount Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the Presider under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.	de nt				
Pro-rate tax refund	\$	722.92	\$	0.00	
	\$	0.00		0.00	
Total amounts from separate pages, if any.	+ \$	0.00		0.00	
1. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  \$	3,813.98	+ \$	0.00		3,813.98
rt 2: Determine How to Measure Your Deductions from Income					
Copy your total average monthly income from line 11.     Calculate the marital adjustment. Check one:				\$	3,813.98
You are not married. Fill in 0 below.					
You are married and your spouse is filing with you. Fill in 0 below.					
You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Column B, that was NOT reg dependents, such as payment of the spouse's tax liability or the spouse's sup Below, specify the basis for excluding this income and the amount of income	oport of someo	ne other t	than you or yo	ur depend	ents.
You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Column B, that was NOT reg dependents, such as payment of the spouse's tax liability or the spouse's sup Below, specify the basis for excluding this income and the amount of income adjustments on a separate page.	oport of someo	ne other t	than you or yo	ur depend	ents.
You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Column B, that was NOT received dependents, such as payment of the spouse's tax liability or the spouse's supplied below, specify the basis for excluding this income and the amount of income adjustments on a separate page.  If this adjustment does not apply, enter 0 below.	oport of someo devoted to ea	ne other t ch purpos	than you or yo	ur depend	ents.
You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Column B, that was NOT received dependents, such as payment of the spouse's tax liability or the spouse's supplied below, specify the basis for excluding this income and the amount of income adjustments on a separate page.  If this adjustment does not apply, enter 0 below.	oport of someo	ne other t ch purpos	than you or yo	ur depend	ents.
You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Column B, that was NOT reg dependents, such as payment of the spouse's tax liability or the spouse's sup Below, specify the basis for excluding this income and the amount of income adjustments on a separate page.  If this adjustment does not apply, enter 0 below.	oport of someo devoted to ea	ne other t ch purpos	than you or yo	ur depend	ents.
You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Column B, that was NOT received dependents, such as payment of the spouse's tax liability or the spouse's supplied below, specify the basis for excluding this income and the amount of income adjustments on a separate page.  If this adjustment does not apply, enter 0 below.	oport of someo devoted to ea	ne other t ch purpos	than you or yo	ur depend	ents.
You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Column B, that was NOT reg dependents, such as payment of the spouse's tax liability or the spouse's sup Below, specify the basis for excluding this income and the amount of income adjustments on a separate page.  If this adjustment does not apply, enter 0 below.	port of someo devoted to ear	ne other t	than you or yo	ur depend	ents.
You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Column B, that was NOT reg dependents, such as payment of the spouse's tax liability or the spouse's sup Below, specify the basis for excluding this income and the amount of income adjustments on a separate page.  If this adjustment does not apply, enter 0 below.	port of someo devoted to ear	ne other t	than you or yo	ur depend	ents. tional
You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Column B, that was NOT recompleted the spouse is the spouse is the spouse is supported by the spouse is not spouse is not spouse is not spouse is not filing with you.  Below, specify the basis for excluding this income and the amount of income adjustments on a separate page.  If this adjustment does not apply, enter 0 below.  Should be spouse is not filing with you.  Total in the amount of the income listed in line 11, Column B, that was NOT recompleted by the spouse is not spouse is not filing with you.	port of someo devoted to ear	ne other t	than you or yo	ur depend y, list addi	ents. tional 0.00

Case 21-12063-pmm Doc 30 Filed 01/12/22 Entered 01/12/22 09:13:55 Desc Main Document Page 7 of 8

Debtor 1	Alejandro Cruz-Maldonado	Case number (if known)	21-12063			
	Multiply line 15a by 12 (the number of months in a year).		Γ	X	12	7
15	b. The result is your current monthly income for the year for this pa	art of the form.		\$	45,767.76	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Case 21-12063-pmm Doc 30 Filed 01/12/22 Entered 01/12/22 09:13:55 Desc Main Document Page 8 of 8

Case number (if known) 21-12063

10. Caicl	ulate the median family income that applies to y	ou. Follow triese steps:		
16a. I	Fill in the state in which you live.	PA		
16b. l	Fill in the number of people in your household.	5		
16c. F	- Fill in the median family income for your state and s	ize of household.	\$	114,138.00
	To find a list of applicable median income amounts. instructions for this form. This list may also be avail	go online using the link specified in the se		
	do the lines compare?	able at the bankruptcy clerk's office.		
17a.	Line 15b is less than or equal to line 16c. O  11 U.S.C. § 1325(b)(3). Go to Part 3. Do No			
17b.	Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcu your current monthly income from line 14 ab	f page 1 of this form, check box 2, <i>Dispos</i> lation of Your Disposable Income (Office	sable income is determined und	der 11 U.S.C. §
art 3:	Calculate Your Commitment Period Under 11 t			
8. Сору	your total average monthly income from line 11		\$	3,813.98
9. <b>Dedu</b> conte	nct the marital adjustment if it applies. If you are and that calculating the commitment period under 11 se's income, copy the amount from line 13.	married, your spouse is not filing with you	, and you	
19a. I	If the marital adjustment does not apply, fill in 0 on l	ine 19a.	<b>-</b> \$	0.00
19b. \$	Subtract line 19a from line 18.		\$	3,813.98
O Color	ulate views current monthly income for the year	Fallow those stone:		
	ulate your current monthly income for the year.	·	\$	3,813.98
			· —	
ı	Multiply by 12 (the number of months in a year).		<u>X</u>	12
20b. <sup>-</sup>	The result is your current monthly income for the ye	ar for this part of the form	\$	45,767.76
20c. (	Copy the median family income for your state and s	ize of household from line 16c	\$	114,138.00
200.	copy the modular rammy module for your state and c	neo or riodooriola from line 100	······································	
21. <b>I</b>	How do the lines compare?			
Ī	Line 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4.	e ordered by the court, on the top of page	e 1 of this form, check box 3, Th	he commitment
I	Line 20b is more than or equal to line 20c. Unl commitment period is 5 years. Go to Part 4.	ess otherwise ordered by the court, on the	e top of page 1 of this form, che	eck box 4, The
art 4:	Sign Below			
By sig	gning here, under penalty of perjury I declare that th	ne information on this statement and in any	y attachments is true and corre	ect.
<b>Y</b> /s/ <i>E</i>	Alejandro Cruz-Maldonado			
	andro Cruz-Maldonado			
Sign	nature of Debtor 1			
Date	January 12, 2022 MM / DD / YYYY			
If you	checked 17a, do NOT fill out or file Form 122C-2.			
, 50			r current monthly income from	

Alejandro Cruz-Maldonado

Debtor 1